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SMALL ROTATOR CUFF REPAIR REHAB PROTOCOL

Please correlate with operation note for patient specific post-operative plan base on intra-operative findings. This is rehab protocol for a SMALL rotator cuff repair, please check with Mr Francis Ting you are suitable for this quicker rehab. Otherwise, by default, please refer to routine Rotator cuff repair rehab protocol.

0-4 Weeks

- First 2 weeks - focus on pain management
    - Sling immobilisation (with or without abduction pillow)
    - Cryotherapy/ice pack and adequate analgesia
    - Active hand and wrist range of motion, grip strengthening
    - Passive/active assisted elbow range of motion (flexion/extension) to protect LHB tenodesis, active pronosupination. (Active elbow range of motion for LHB tenotomy/release without reattachment)
- After 2 weeks or once pain settles
    - Passive shoulder range of motion (forward flexion to 90° and external rotation to 45°) - supine or pendular leaning over table/chair (ensure small passive pendular circles once in position)
    - Periscapular strengthening with arm in neutral position
        - Focus on posture and scapular retraction
    - Cryotherapy/ice pack after exercises

After 4 weeks – focus on regaining range of motion

- Wean out of sling (continue use for safety depending on environment)
- Continue with above, increasing passive and active assisted ROM
    - Forward flexion to tolerance
    - External rotation to tolerance
    - Internal rotation up to beltline: no aggressive stretching
- Criteria to advance to active range of motion
    - Pain-free passive ROM
    - Forward flexion beyond 120°
    - External rotation beyond 45°
- Aim to gradually work onto active ROM as pain allows from week 6
- Goal is to regain full active ROM by week 8
- Introduce gentle pain-free submax isometric shoulder exercises – adduction, external rotation, flexion, extension from neutral sling position against wall/chair/armrest/body

- No heavy lifting/strengthening until week 10
- Continue periscapular strengthening, focusing on posture and scapular retraction

After 10 weeks – start gradual strengthening guided by pain

- Continue with above
    - Forward flexion unrestricted
    - External rotation unrestricted
    - Internal rotation unrestricted
- Criteria to advance to strengthening
    - Full, pain-free PROM
    - Full AROM without compensation (shoulder shrug)
    - Pain-free isometric exercises
- Gradual strengthening with elastic bands and weights of all cuff in all directions (flexion/extension/adduction/abduction/IR/ER)
- Continue periscapular strengthening, focusing on posture and scapular retraction

After 12 weeks

- Work and sport specific strengthening
    - Functional rehab

Follow-up appointments:

- 1 nights in hospital
- 2 weeks clinic for wound check
- 6 weeks clinic with Mr Francis Ting
- 12 weeks clinic with Mr Francis Ting

Initial phases of rehabilitation emphasise on tissue healing, reduction of inflammation and pain, and protection of repair. Immediately after surgery, patients are placed in a sling for 6 weeks. Pain and inflammation have been reported to cause muscle atrophy so efforts should be made to use cryotherapy/ice packs and adequate analgesia.
Appropriate range of motion after surgery is important to minimise risk of post-operative stiffness. Safe, proper exercise progression should be followed to limit stress on healing repair.
The healing process can be divided into three stages: inflammation (0-7 days), repair (5-14 days) and remodeling (>14 days). Mature tendon-to-bone healing present in animal studies by 15 weeks after surgery, so avoid excessive tension on repair for 12 weeks post-surgery.